U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	143.0				
1. File Number U - \$5.59		2. Fiscal Year Covered From:			
			01	/01 $/2004$ Through:	12/31/2004
Name and address of person filing.		4. Name,	file number, and address of labor orga	nization.	
Name ALAN PEGARELLA -		Name W Labor O	FCW, WINE, DISTILL ORKERS, LOCAL 1861 rganization File Number	_ERY & ALLIED .	
P.O. Box, Bldg., Room No., if any		0 P.O. Bo	61-171 x, Building and Room Number, if any		
Street	2012 MEADOWLARK	DRIVE	Street	329 DOWNEY AVENUE	Ξ
City	Modesto		City	Modesto	
State	CALIF	ZIP Code + 4 95355	State	CALIF	ZIP Code + 495354-1297
5. Position in labor organization. BUSINESS REPRESENTATIVE, PENSION TRUSTEE					

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
		7.a. Nature of Interest, Transaction, or Income.	
Name			
Trade Name, if any:	:		
P.O. Box, Bldg., Room No., if any			
		7,b. Amount.	
Street			
City			
City			
State	ZIP Code + 4		

Signature

		to the transition of the first and the second transition
15. Signature and verification. The undersigned declares, under penalty of Per	riury and other applicable penalti	les of the law, that all of the information
15. Signature and Vermounding the distribution.	decuments) has been evamine	d by the signatory and is, to the best of the
submitted in this report (including the information contained in any accompanying	documents), has been examine	TAL SOME CACEC T
submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	on on penalties in the instructions	S.) IN SOME CASES!
undersigned a knowledge and benef, tide, correct, and complete. (e.g.		T ET. E ANI ANAENDE
HAVE PROVIDED REASONABLE ESTIMATES	IN GOOD FAITH.	WIII FILE AN AMENDE
HAVE I KOVIDED KEASONADEE 201111/	111 017077 1712 171	
$1M_{-30}$ POR 2000 IE MORE/COMPLETE INF	CORMATION RECOMP	FS AVAILABLE.
LII-JO MON ZUOTI II MONTHICOM LETTER STATE	TO POLLED	200/52/ /2/5
LM-30 FOR 2004 IF MORE/COMPLETE INF	01 01000	209/324-4243
	7 5/4-	Telephone Number
	* Date	l clebilone Marriber

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: CALIFORNIA WINERY WORKERS PENSION Name PLAN TRUST XXa. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any PO Box 9800 c. Employer 770 E. Shaw Avenue Street Fresno City State CA ZIP Code + 4 93720-7708 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Between Union and Trust CALIFORNIA WINERY WORKERS PENSION Name Employer contributions on behalf of PLAN TRUST Union members. Trade Name, if any: PO Box 9800 P.O. Box, Bldg., Room No., if any 770 E. Shaw Avenue Street 11.b. Approximate dollar value of such dealing. \$1,093,398 City 12.a. Nature of interest held or income received. Fresno 3/30/04 IFEB Airfair 11/04 \$370.90 CA ZIP Code + 4 93720-7708 State 5/10/04TRUSTEE MTG 4/29-30/04 59.09 8/5/04 TRUSTEE MTG 7/29-31/04 157.17 8/31/04 IFEBP 11/04 1459.00 12/7/04 TRUSTEE MTG 11/19-20/04 67.50 12/17/04 IFEBP CONF. 11/04 176.45 12.b. Amount. \$2,290.11 C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			·
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UNION BANK OF CALIFORNIA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any $475\,$ SANSOME STREET, 12TH FLOOR Street

city SAN FRANCISCO

State CA 94111-3142

ZIP Code + 4

9. Business deals with:

a. Labor Organization XX

b. Trus

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CALIFORNIA WINERY WORKERS PENSION PLAN TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 9800

Street 770 E. SHAW AVENUE City FRESNO

City I NEONO

State CA 93710-7708 ZIP Code + 4

11.a. Nature of such dealing.

MONEY MANAGEMENT, INVESTMENTS ON BEHALF OF THE TRUST. HANDLES COMMERCIAL BANKING AND IS THE CUSTODIAN OF THE ASSETS.

11.b. Approximate dollar value of such dealing.

\$71,560

12.a. Nature of interest held or income received.

IFEBP CONFERENCE IN NEW ORLEANS 11/29-12/4/04 UBOC AND BENEFIT ADMINISTRATION TOOK UNION TRUSTEES TO DINNER. MY SPOUSE DID NOT GO TO N.O.

12.b. Amount. \$62.50

C. Received from any employer (other than an employer covered under	er parts A and B above)
or from any labor relations consultant to an employer any payment of money	
40 November of Frankrick and John Duby Committee	14.a. Nature of payment.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BENEFIT ADMINISTRATION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any $\stackrel{P.O.}{P0}$ BOX 9800 Street

city FRESNO

State CA 93794-0800

ZIP Code + 4

9. Business deals with:

a. Labor OrganizationXX

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name**CALIFORNIA WINERY WORKERS PENSION**PLAN TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P0 Box 9800

Street 770 E. SHAW AVENUE

City FRESNO

State CA 93710-7708

ZIP Code + 4

11.a. Nature of such dealing.

BETWEEN UNION AND TRUST EMPLOYER CONTRIBUTIONS ON BEHALF OF UNION MEMBERS

11.b. Approximate dollar value of such dealing.

\$277,694

12.a. Nature of interest held or income received.

IFEBP CONFERENCE IN NEW ORLEANS 11/29-12/4/04

BENEFIT ADMINISTRATION AND UBOC TOOK UNION TRUSTEES TO DINNER.

MY SPOUSE WAS NOT WITH ME.

12.b. Amount.

14.a. Nature of payment.

\$62,50

C. Received from any employer (other than an employer covered under parts A and B above
or from any labor relations consultant to an employer any payment of money or other thing of value.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

?

Name of Person Filing

Alan Pegarella

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: McMorgan & Company a. Labor Organization Trade Name, if any: $XX\,$ b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street One Bush St., Suite 800 City San Francisco ZIP Code + 4 94104-4425 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Investment Manager California Winery Workers Pension Plan Trust Trade Name, if any: Benefit Administration P.O. Box, Bldg., Room No., if any PO Box 9800 Street 770 East Shaw Avenue Not sure 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Fresno City 1/29/04 Dinner not known ZIP Code + 4 93794-0800 State CA 4/29/04 Dinner not known 11/18/04 Dinner \$82.30 Dinners prior to Pension meeting, for all to attend. 12.b. Amount don't know full or estimated amounts

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.